FÎLE NOW: FILING FEE AFTER MAY 1ST IS \$550.00

FILED Feb 10 1998 8:00am **PROFIT** FLORIDA DEPARTMENT OF STATE **CORPORATION** Sandra B. Mortham **ANNUAL REPORT** Secretary of State Secretary of State 1998 DIVISION OF CORPORATIONS DOCUMENT # H36116 BARTOW COIN LAUNDRY, INC. Principal Place of Business Mailing Address 210 S WILSON P O BOX 665 BARTOW FL 33830 BRANDON FL 33509 DO NOT WRITE IN THIS SPACE 3. Date Incorporated or Qualified 12/20/1984 4. FEI Number 2. Principal Place of Business 2a. Mailing Address Applied For 59-2495550 Not Applicable Suite, Apt. #, etc. Suite, Apt. #, etc. \$8.75 Additional 5. Certificate of Status Desired Fee Required 22 City & State City & State 6. Election Campaign Financing \$5.00 May Be Trust Fund Contribution 28 Added to Fees Country 8. This corporation owes or has paid the current year Intangible Personal Property Tax due June 30. X Yes 24 25 29 g. Name and Address of Current Registered Agent 10. Name and Address of New Registered Agent Name BAHL, J. K. 654 W BRANDON BLVD 82 Street Address (P.O. Box Number is Not Acceptable) **BRANDON FL 33511** City Zip Code 11. Pursuant to the provisions of Sections 607 0502 and 607 1508, Florida Statutes, the above-named corporation submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Fioridal Such change was authorized by the corporation's board of directors. I hereby accept the appointment as registered agent it am familiar with, and accept the obligations of, Section 607 0505, Florida Statutes. (NOTE Registered Agent signature required when reinstating) ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 12 12. OFFICERS AND DIRECTORS 13. DELETE. TITLE Change ■ Addition NAME BAHL, J. K. 1.2 NAME 654 W BRANDON BLVD 1.3 STREET ADDRESS STREET ADDRESS **BRANDON FL** CITY-ST-ZIP 1.4 CHY-S1-7IP DELETE 2 1 THLE Change Addition NAME BAHL, A. K. 2.2 NAME 654 W BRANDON BLVD STREET ADDRESS 2 3 STREET ADDRESS **BRANDON FL** CITY-ST-ZIP 2. 4 City - St - ZIP DELETE Change ☐ Addition TITLE 3.1 TITLE NAME 3.2 NAME STREET ADDRESS 3 3 STREET ADDRESS CITY-ST-ZIP 3 4. CHTY-ST-ZIP DELETE 4 1 TITLE Addition TITLE 4. 2 NAME NAME STREET ADORESS 4.3 STREET ADDRESS CITY-ST-ZIP 4.4 CITY-ST-ZIP DELETE Change ☐ Addition 5.1 TITLE NAME 5.2 NAME STREET ADDRESS 53 STREET ADDRESS

14. Thereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this annual report or supplemental annual report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the conjugation or the receiver or trustee employered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 12 or Block 13 if changed, or on an attachmore with an ad-

61 TITLE 62 NAME

54 CITY-ST-ZIP

SIGNATURE:

CITY-ST-ZIP

STREET ADDRESS CITY - ST - ZIP

DELETE

EB-3rd- 1998.

Change

☐ Addition